



Automatic Mail Plan Application Form

Please print and fill out the application form completely. Your first payment functions as a 1-month security deposit, and it must be submitted with this application. See page 13 for more details.

Name _____

Address _____

City _____ State _____ ZIP _____

Daytime telephone number (_____) _____

(Customer must notify Phoenix Transit System of any name change, change of address, or cancellation before the tenth of the month.)

PLEASE CHECK TYPE OF PASS/TICKET		AMOUNT	QUANTITY	EXTENDED AMOUNT
<input type="checkbox"/>	Local Monthly Pass	\$34 each	_____	_____
<input type="checkbox"/>	Local and Express Monthly Pass	\$51 each	_____	_____
*	<input type="checkbox"/> Reduced-Fare Youth Monthly Pass	\$17 each	_____	_____
*	<input type="checkbox"/> Reduced-Fare Senior Monthly Pass	\$17 each	_____	_____
*	<input type="checkbox"/> Reduced-Fare Disabled Monthly Pass	\$17 each	_____	_____
<input type="checkbox"/>	Local Ticket Book (10 Tickets)	\$12 each	<div>Limit 2 books of tickets per month</div>	_____
<input type="checkbox"/>	Local & Express Ticket Book (10 Tickets)	\$18 each		_____
*	<input type="checkbox"/> Reduced-Fare Ticket Book (10 Tickets)	\$ 6 each		_____
TOTAL DEPOSIT				_____

* Youths, seniors, and persons with disabilities must be prepared to show the bus operator proper identification to confirm discount eligibility.

Enclosed is a check or money order in the amount of \$ _____ .

Mail this application form with a security deposit in the amount of the fare(s) you are requesting to:

PHOENIX TRANSIT SYSTEM
ATTN: A/R DEPT
P.O. BOX 4275
PHOENIX, AZ 85030-4275

Orders are for passes/ticket books for the following month. To fill your order, we must receive this form—along with your security deposit—by the tenth of the current month. Prices subject to change. A fee may be charged for returned checks.